



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/21/2002	200208001996	DOMESTIC/REINSTATEMENT (REN)	25.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

T. WAGGONER  
2505 HAZELWOOD AVE.  
KETTERING, OH 45419

# STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

696738

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**HORROR WRITERS ASSOCIATION**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC/REINSTATEMENT**

Document No(s):

**200208001996**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 21st day of March, A.D.  
2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)

e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

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**Mail Form to one of the Following:**

☒ Yes PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*  
☐ No PO Box 788  
Columbus, OH 43216

## REINSTATEMENT

(For Domestic or Foreign, Profit or Non-Profit)  
Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX)**

(1) <input type="checkbox"/> Reinstatement & Appointment of Agent (for failure to maintain a statutory agent) (108-REN)	(2) <input type="checkbox"/> Reinstatement & Appointment of Agent for a Foreign Corporation (for failure to maintain a statutory agent) (111-FREA)	(3) <input checked="" type="checkbox"/> Reinstatement of a Non-Profit Corporation (for failure to file a statement of continued existence) (109-RENN)
(4) <input type="checkbox"/> Reinstatement of a Registered Partnership Having Limited Liability (for failure to file annual or biennial reports) (112-PLR) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES	(5) <input type="checkbox"/> Reinstatement of a Professional Corporation (for failure to file annual or biennial reports) (110-RENP) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES	

**Complete the general information in this section for the box checked above.**

Name of Entity HORROR WRITERS ASSOCIATION  
Charter or Registration No. 696738  
Cancellation Date The entity was canceled on (list date): 11/30/98  
(Date)

**Complete the information in this section if box (1) or (2) is checked.**

Name and Address of New Agent (if applicable)  
(Name) \_\_\_\_\_  
(Street) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.  
(City) \_\_\_\_\_ Ohio (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

### ACCEPTANCE OF APPOINTMENT

The Undersigned, \_\_\_\_\_, named herein as the Statutory agent for, \_\_\_\_\_ hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: \_\_\_\_\_  
(Statutory Agent)

Must be authenticated by an authorized representative

Authorized Representative

W. E. Schuman  
TREASURER

3/18/02  
Date